

**SUPERIOR COURT OF CALIFORNIA
COUNTY OF FRESNO
PILOT PROGRAM FOR EARLY MANDATORY MEDIATION
MEDIATOR APPLICATION**

Name: _____

Address: _____

City: _____

State: _____ Zip: _____

Phone: _____ Fax: _____

E-mail _____

Occupation _____ How Long _____

Employer _____

Address _____

City _____

State _____ Zip _____

Phone _____ Fax _____

E-mail _____

College Attended _____ Degree _____

Graduate or Law School Attended _____

Degree or Bar # _____ Date Awarded _____

Mediation Training: Include institutions, programs and dates.

Mediation Experience: Include number of mediations conducted in past 3 years.

MEDIATOR APPLICATION CONTINUED

Professional Affiliations with Dispute Resolution Organizations; give dates.

Areas of Expertise:

Business	_____	Construction	_____
Employment	_____	Environment	_____
Healthcare	_____	Insurance	_____
Malpractice	_____	Personal Injury	_____
Real Estate	_____	Other	_____

Foreign Languages in which you are capable of conducting a mediation.

Insurance Carrier _____

Address _____

City _____ State _____ Zip _____

Phone _____

Current Reimbursement Rate _____

Other Relevant Information _____

Signature below certifies that all of the above information is true and correct.

Signature _____ Date _____

Return this form and your personal narrative to:

Dan DeSantis, ADR Administrator
Fresno Superior Court
1100 Van Ness Avenue
Fresno, CA 93724-0002
(559) 488-2778 Fax (559) 488-3337
Ddesantis@fresno.ca.gov